

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	<u>METHOD FOR ISOLATING AN</u> <u>ALLOSTERIC EFFECTOR OF A</u> <u>RECEPTOR</u>
Attorney Docket Number::	0508-1121
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-LUC
Middle Name::
Family Name:: GALZI
Name Suffix::
City of Residence:: STRASBOURG
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 37, RUE SAINT ALOISE
Address::
City of Mailing Address:: STRASBOURG
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-67100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARCEL
Middle Name::
Family Name:: HIBERT
Name Suffix::
City of Residence:: ESCHAU
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 21, RUE ALFRED-KASTLER
Address::
City of Mailing Address:: ESCHAU

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State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67114

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-JACQUES

Middle Name::

Family Name:: BOURGUIGNON

Name Suffix::

City of Residence:: HIPSHEIM

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 14, RUE DE BRUHL

Address::

City of Mailing Address:: HIPSHEIM

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67150

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: EMELINE

Middle Name::

Family Name:: MAILLET

Name Suffix::

City of Residence:: STRASBOURG

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 16, RUE DE BITCHE

Address::

City of Mailing Address:: STRASBOURG

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67000

Correspondence Information

Correspondence Customer

00466

Number::

Representative Information

Representative Customer

00466

Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/01817	6/16/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/07436	6/17/02	Yes

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Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::